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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										19184620		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SLULL ENTITY		QA.	OTHER THAN SHALL ENTITY	
	FOR		MAKE	ER FLED	18.84	HANGER EXTRA		RATE	***	)		
	IC FEE CFR 1.16(a))		· · · · · · · · · · · · · · · · · · ·					TATE	FEE	ĺ	RATE	FEE
TO	AL CLAMS	_							<u> </u>	OR		<u></u>
	CFR 1.16(c) EPENDENT CLA	MS -		minus 2	••	ļ <u>.</u>		×1•		OR	x 6 •	
	CFR 1.16(b))			contract :	<u> </u>			× 1•		OR	X 5	
MULTIPLE DEPENDENT CLAM PRESENT (3) OF R 1,156(1)								+1		OR	• • •	
" If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PARTII												<del></del>
(Column 1) (Column 2) (Column 2)										OR	OTHER	R THAN
_		au	<u> </u>	г	HIGHEST	(Column 3)	1 1	SMALLE	MITY	. U.	SHALL	ENTITY
A TNE		REMANDE AFTE AMENDE	e .		MANBER PREMOUSLY PAID FOR	PRESENT EXTRA		FATE	ADOI- TIONAL FEE,	:	RATL	TIONAL
AMENDMENT	Total prove cues	1. 1.5		Minus	-20			XI .		OR	*:	FØE
EN	Independent (1) CFA E. MOS		4	Minus	- 4	-1		XI	-1-	OR		/
FIRST PRESENTATION OF MATIPLE DEPENDENT CLASS (2) OFR 1,16(4)								+1				/
SI OCE.								TOTAL .	<del>-   -  </del>	OR	TOTAL	/
91105 (Column 1) (Column 2) (Column 3)								ADDL FEE		OR	ADDL FEE	L
AMENDMENT B.	- :	CLASH RELIVER AFTE AMENON	eic E		(COMEN 2) HIGHEST MUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		FATE	ADOF TIONAL FEE		ru/e	ADOI- TIONAL FEE
Š	Total OFCFR LINKS VEYENGEN	1	Ł_	Minus	" 30			F 3		09	x 1	
ΜĒ	OF COR LINGUIS	4		Mirus	-4	• /		x1=		OR	x (	
٧	FIRST PRESENTATION OF MAJIFILE DEPCHOOR CANN (DI OFR LINGS)							*1		<b>Q</b> 9	+1. •	
1/23/14								ADOL FEE		OR	TOTAL ADD'L FEE	
+1	00/00	(Cotumn			(Column 2) HIGHEST	(Cotumn 3)						
AMENDMENT C		REIAAM ASTEI AUG	N'G		MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOL TIONAL FEE		RATE	ADOI- TIOIAL FEE
S	D) Cra i sides	14		Linus	20			X 1		OR	X 5 =	7,55
힣	DI CFR 1,460#	4		Minus	· 4	•		X1		OR	X 8_ =	
FIRST PRESENTATION OF MILITURE DEPENDENT CLAIM DI O'R 1.1600)								+:		90		•
								TOTAL			TOTAL	
# If the entry in cultures 1 is less than the entry in column 2, write "O' in column 3.  " If the "Tighest Number Previously Pald For IN THIS SPACE is less than 20, enter "20".												L
	" If the "Highest i	Number Pre	viously	Pald For	M THE SPACE	to less than 20.	ent	or 720°.				

"If the "Nighest Number Previously Paid For" IN THIS SPACE is less than 3, even "I".

The "Nighest Number Previously Paid For" (Tour or Independent) is the Nethest number bound in the appropriate tour in column 1.

This ord-strain of interpassion is expained by 37 CFH 1.15. The Information is required to obtain or retain a benefit by the guidle which is to far (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to late 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing the burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SERIO FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentia, P.D. Bex 1450, Alexandria, VA 22313-1450.